

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>2000</i>	<i>2-24-00</i>
O.I.P.E. CLASSIFIER	<i>STY</i>	<i>827</i>	<i>5-7-27-00</i>
FORMALITY REVIEW			<i>08-30-00</i>
RESPONSE FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>12-18-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1 ✓ ✓	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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